



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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January 16, 2008

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**BOARD MOTION #07-508 RE. QUARTERLY REPORT: ENHANCED SPECIALIZED
FOSTER CARE MENTAL HEALTH SERVICES CORRECTIVE ACTION PLAN**

On August 21, 2007, when approving the Countywide Enhanced Specialized Foster Care Mental Health Services Corrective Action Plan (CAP), your Board requested the Directors of the Departments of Mental Health (DMH) and Children and Family Services (DCFS) to provide quarterly reports to your Board for the monitoring and tracking of the components of the CAP.

This is our first quarterly update, which highlights the progress in regards to the *Plan Modifications*, included in the CAP. The CAP represented the County's response to a November 2006 "Findings of Fact and Conclusions of Law Order" issued by the Honorable Howard A. Matz in the Katie A. lawsuit. The status of our progress in implementing the CAP is provided on the following subject areas:

- Screening and Assessment of Class Members
- Hiring of DCFS and DMH Staff
- Provision of Intensive Home-Based Mental Health Services
- Expansion of Wraparound
- Training Mechanisms Related to the Plan
- Impact of the Title IV-E Waiver on the Plan
- Tracking Indicators
- Exit Criteria and Formal Monitoring Plan

Screening and Assessment of Class Members

In order to handle the additional screening requirements of the CAP, DCFS has established a plan to transfer the task of completing the California Institute of Mental Health (CIMH) Screening Tool (Tool) to DCFS Children's Social Workers (CSWs). The Tool is currently being completed by the Medical Hubs. As has been previously highlighted to your Board, the Tool can be utilized by individuals who are not trained in the field of mental health, completed in a brief period of time, and implemented with very little training. The Union has been made aware of the plan to have the CSWs complete the Tool and their representatives have raised issues/concerns. DCFS is in the process of developing policy and procedures and a training module on use of the Tool. At the time that a package of policy and procedures and a training module is developed, DCFS will present and discuss these items with the Union, and will address the issues and concerns they have identified.

Hiring of DCFS Staff

Pursuant to existing County policy, DCFS has to obtain hiring authority from the CEO for the additional staff approved by your Board for expansion of the MAT Program. The Program is a major component of the CAP. The MAT Program provides assistance in meeting the CAP requirement of providing mental health services for DCFS- served children who are eligible for services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and who have emotional and behavioral problems that qualify for individualized mental health services provided through this Program.

In December 2007, DCFS submitted the required documentation to the CEO, for the staff who is targeted for hiring in Phase I. Subsequently, DCFS has selected two candidates to fill two of the positions approved for hiring in Phase I. Progress will continue towards hiring the additional staff in Phase I. In addition, DCFS is in the process of completing the required documentation to hire the targeted staff in Phase II.

In addition, hiring requests have been submitted for one Division Chief, one CSA II, one CSA I, one Senior Secretary III, and two STCs, to implement a DCFS Katie A. Program infrastructure. The Division Chief will oversee the Katie A Program, including oversight of the MAT Program, within the Office of the Medical Director.

The CSA II, CSA I, and Senior Secretary III, will report directly to the Division Chief. One STC will also provide clerical support within the Division Chief's office and will report directly to the Senior Secretary III. The other STC will report directly to the CSA II.

A CSA I is expected to be hired by February 2008, to assist the DCFS Out of Home Care Program Manager for Intensive Treatment Foster Care (ITFC) and

Multidimensional Treatment Foster Care (MTFC) to provide technical assistance and monitor the provider agencies to insure that this specialized program meets Department standards and the expectations of the CAP.

The enhanced DCFS staffing for the clinical review system in the CAP, the Resource Management Process, have been posted and interviews will begin in January. Thirteen CSWs, two SCSWs, one Staff Assistant II, and one STC will be hired and trained by March 2008 to utilize the Child and Adolescent Needs and Strengths (CANS) tool to do placement-level assessments at Team Decisionmaking Meetings (TDMs).

For the Wraparound Services expansion, we are canvassing the lists for the six CSA I items (four have been selected), one Staff Assistant II, one STC, and two Intermediate Typist Clerks (ITCs). We are interviewing for the seven CSWs and the one SCSW; a Secretary III has been selected and it is expected to have these positions filled by February 2008.

Hiring of DMH Directly Operated Staff

The CAP also anticipated that DMH would hire, in November and December, 2007, eight staff related to infrastructure for the MAT Program, three positions for the Child Welfare Division, 10 positions for coordination of treatment for children placed in Foster Family Agencies, three positions for augmentation of the countywide D rate program, 17 positions for expansion of the Wraparound Program, and 15 staff for infrastructure for training (two positions), information management (four positions), and service area administration (nine positions) for the Specialized Foster Care programs.

Duty statements for these requested positions were finalized by October 31, 2007, and meetings between DMH and CEO staff were held on November 8, 15, and 20, 2007, to review these positions and their duties. The CEO staff anticipates issuing preliminary allocations of positions in this month and the revised timeline for hiring of staff will begin in February 2008.

Provision of Intensive Home-Based Mental Health Services

Contracting out for mental health services described in the CAP is dependent on the completion of the work of several recently formed workgroups, and the development of a strategic plan for the implementation of intensive in home services. Since the CAP was approved by your Board, we have engaged in a series of meetings with the members of the Katie A Advisory Panel, plaintiff's attorneys, and County Counsel. As discussed further below under the section for "Exit Criteria and Formal Monitoring Plan," the purpose of the meetings has been to work through several overarching issues related to the County's obligations under the Settlement Agreement, particularly related to the provision of intensive in home services for members of the class. While these meetings have been very productive and have clarified the work needed to be done to

comply with the terms of the Settlement Agreement; they have also made it necessary for us to reconsider some of the elements of the CAP.

Specifically, the CAP provided for approximately \$26 million to be used for contracted mental health services for children and youth identified as needing such services as a result of the MAT process, and for those children in Voluntary Family Maintenance (VFM), Voluntary Family Reunification (VFR), and Family Maintenance (FM) status, as well as children in Foster Family Agencies (FFAs). It is now apparent that these services will need to be more clearly articulated as intensive in home services consistent with a set of practice principles, the deployment of child and family teams, and the establishment of well-defined and flexible treatment strategies. Consequently, we have engaged the services of a consultant to facilitate discussion of these issues and a set of workgroups have been formed to develop detailed plans related to service definitions, contracting and financial issues, and caseload reduction. The Advisory Panel has also recommended that the County visit several programs in Arizona that are models for the type of services that are envisioned, and we are currently making plans for this trip in February.

We have identified three agencies approved by the State to provide Intensive Treatment Foster Care (ITFC). Each agency will be developing capacity to serve 24 children. DMH is in the process of amending the mental health contracts of these agencies and preparing a Board letter to support the mental health services required for these ITFC programs. The three agencies that are using the ITFC model are: Olive Crest FFA, Five Acres FFA, and Foster Family Network FFA.

The ITFC providers have adopted the standards and practices of the national Foster Families Treatment Association as a program model. Their therapists will be trained by CIMH in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based practice. Their foster parents and support staff will be trained in a trauma-informed approach.

The ITFC/MTFC Master Contract was approved by your Board on December 4, 2007, and DCFS has proceeded with executing the contracts, since all the providers' signatures have already been obtained. The agencies have begun the recruitment and training of ITFC foster families.

DMH has completed the initial contract amendments for the two identified Multidimensional Treatment Foster Care (MTFC) providers and is now in the process of developing additional contract amendments related to the CAP. The two MTFC providers, Hollygrove-Eastfield Ming Quong FFA, and Children's Institute International FFA, will develop a total capacity to serve 60 children. The MTFC providers will also be attending a week-long training by TFC Associates, Inc. in Eugene, Oregon (the national MTFC training and certification organization) during the last week of January, 2008. In addition, we are in the process of developing an ITFC/MTFC procedural manual that

will explain the programs and goals as well as define the selection criteria and referral process for children.

Finally, three Multisystemic Treatment (MST) providers have already been identified and are now implementing these services. DMH is in process of amending their contracts consistent with the provisions of the CAP and will return to your Board for approval.

Expansion of Wraparound

The Wraparound census reached 1,079 children enrolled as of November 30, 2007. Wraparound continues to demonstrate positive outcomes for children and families and is well on course to meet the Katie A. settlement agreement expansion to 1,217 children enrolled by June 2008. The Wraparound liaisons in the DCFS regional offices are conducting outreach to the case carrying CSWs with children in RCL 12 and above group homes to identify children to enroll, in keeping with DCFS's emphasis on utilizing residential treatment as a short term intervention. With the enhanced staffing, we will be able to keep office and program specific logs on referrals from different placement settings, denials, enrollments, disenrollments by reason type, and graduations, enabling us to manage the census when we reach the cap of 1217 slots, which could occur by April or May 2008.

Training Mechanisms Related to the Plan

Our Departments have established and maintained an ongoing Training Oversight Group to implement and monitor the training aspects associated with the CAP. Current operational planning and oversight by this Group is focused on: design and implementation of required/requested cross training for DMH and DCFS staff in offices with co-located staff (basic/initial, advanced, and specialized); and providing initial team-building training to cross system staff/provider constituents (i.e. DMH, DCFS and contracted DMH providers). Designing and delivering training, as needed and in multiple formats, will be provided to support broad-based implementation of the CIMH Tool (0-5, 5-Adult). DCFS and DMH will work jointly to establish the means to capture feedback related to all delivered training.

Impact of the Title IV-E Waiver on the Plan

DCFS is ensuring coordination between the Waiver activities and the CAP. In the first sequence of reinvestment of flexible funding under the Waiver capped allocation, DCFS has begun implementing three priorities. We are bringing on 14 additional TDM facilitators to do Permanency Planning Conferences for children in group homes, and 8 individuals have already been selected.

Two Permanency Units, who with reduced caseloads of 24 will handle the highest need youth without durable family connections, have been established at the Metro North

and Pomona offices. Staff have been selected and begun training on permanency for older youth. Introductory training has been completed for all staff in the Pomona office and will be completed for Metro North in early 2008. A training plan is underway to provide specialized training on family finding and engagement and working with older youth on attachment, grief, loss and building relationships. Policy and procedures for the specialized units will be finalized in January, and a third office, Santa Clarita, has been identified for rollout in 2008.

Upfront Assessments for high risk families for mental health needs, substance abuse and domestic violence are planned for initial rollout through the Compton office and the Emergency Response Command Post. These activities are consistent with the four obligations of the Katie A. Settlement Agreement, and DCFS will provide an update on the Waiver implementation plan to your Board in January 2008.

Tracking Indicators

The following activities have been implemented by our Departments:

- DCFS-DMH match on the DCFS Entry Cohort population (CY 2002, 2003, 2004 and 2005)
- Point in Time reports from January 2003 to June 2007
- Received the Service Records for matched clients that include the initial DMH service date and the DMH discharge date. This service record dates provide DCFS the ability to identify DCFS Cohort cases who received:
- Continuous DMH Services - includes cases whose DMH initial service date is prior to the DCFS case start date and the DMH discharge date during or after the DCFS case.
- DMH services within 60 days - includes cases whose DMH initial service date is within 60 days after the DCFS case start date and the DMH discharge date during or after the DCFS case.
- DMH services from 61 to 180 days - includes cases whose DMH initial service date is 61 to 180 days after the DCFS case start date and the DMH discharge date during or after the DCFS case.
- DMH services over 180 days from case opening includes cases whose DMH initial service date is over 180 days after the DCFS case start date and the DMH discharge date during or after the DCFS case.
- Finalized the Cohort Data Analysis that will include the variable on the timeliness of DMH Services and how it affected the Outcome Measures.

Exit Criteria and Formal Monitoring Plan

Since your Board approved the CAP, we and County Counsel have regularly met with the Panel and Plaintiffs' Attorneys. These meetings are held in a good-faith attempt to resolve remaining areas of dispute and to develop mutually acceptable exit criteria for presentation to the Court. The meetings are currently scheduled to continue until March 2008 and are expected to result in the production of a jointly-prepared strategic planning document outlining the direction our Departments intend to follow the next several years to meet the needs of the plaintiff class; children in need of mental health services and who have contact with the County's foster care system.

The meetings so far have been fruitful and have promoted a common understanding of the reforms which need to be achieved and the barriers which must be overcome. Importantly, the Panel and the Plaintiffs seem to agree that sufficient resources have now been committed by the County to allow for compliance with the obligations of the Settlement Agreement. The County is learning how these resources may be fashioned into a program which will lead not only to satisfaction of the Settlement Agreement, but to first-rate mental health services to the subject children. The development of such a program is rife with challenges but at the highest levels, our Departments are fully committed to this endeavor.

In the near future, we are planning visits to other jurisdictions identified by the Panel and Plaintiffs' Attorneys where similar system-transformations have occurred. We also expect to incorporate into our planning lessons learned from the services already deployed as a result of the Countywide Enhanced Specialized Foster Care Mental Health Services Plan (Plan). And, we will continue to discuss with the Panel and Plaintiffs how to best arrange the various resources already allocated by your Board.

In addition to regular updates such as this, we plan to return to your Board for direction on, and approval of, areas where proposed service arrangements deviate from those described in Plan and the CAP. We will also continue to work with County Counsel to apprise the Court of the County's progress and to mitigate the possibility of negative Court actions.

If you have any questions or need additional information, please contact DCFS Board Liaison Armand Montiel at (213) 351-5530.

PSP:SK:CS:LP:cr

c: Chief Executive Officer
Executive Officer, Board of Supervisors
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